



學校聲明
STATEMENT FROM
SCHOOL

CSO/WORKER NAME / 社區服務辦事處/工作人員姓名	TELEPHONE NUMBER / 電話號碼
CLIENT IDENTIFICATION NUMBER / 客戶識別卡號碼	DATE / 日期

SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL.

第一欄：請在將此表格交到學校之前，請填寫好此欄。

By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS). 本人在此簽字，許可我孩子所在的學校填寫這張社會福利服務部 (DSHS) 的表格。

YOUR NAME / 您的姓名	YOUR SIGNATURE / 您的簽字	DATE / 日期
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NAME OF SCHOOL / 學校名稱

SCHOOL ADDRESS / 學校地址 STREET ADDRESS / 街道名稱與門牌號碼 CITY / 城市 STATE / 州 ZIP CODE / 郵遞區號

SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.

第二欄：由學校 公室管理負責人填寫此欄。

A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?

C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER